

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000133235

**Entity Name:** LEP MANAGEMENT, LLC

**Current Principal Place of Business:**

569 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

569 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAX CO.  
50 N. LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROLING, DANIEL A  
Address 12415 MALLARD BAY DRIVE  
City-State-Zip: KNOXVILLE TN 37922

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** /S/ DANIEL A. ROLING

MGR

03/26/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date